

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me G</i>		1/20/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	71480	7-16-00
FORMALITY REVIEW	<i>[Signature]</i>	710976	8-28-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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